DOCUMENT RESUME

ED 372 330 CG 025 632

AUTHOR Griffin, Thomas; Svendsen, Roger
TITLE Promising Prevention Strategies for the 90s. Clearinghouse Fact Sheet.
INSTITUTION Rutgers, The State Univ., Piscataway, NJ. Center of Alcohol Studies.
PUB DATE 92
NOTE 4p.; For a related document, see CG 025 631. The New Jersey Alcohol/Drug Abuse Resource Center and Clearinghouse serves institutions of higher education, state agencies, communities, and school districts throughout the state of New Jersey by providing technical assistance, training, and resources in alcohol and other drug abuse education and prevention. Clearinghouse fact sheets may be reproduced for educational use.
PUB TYPE Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Alcohol Abuse; *Community Influence; Community Involvement; Drug Abuse; Early Intervention; Health Education; *Intervention; *Prevention; Substance Abuse; Tobacco

ABSTRACT

Alcohol, tobacco, and drug use prevention is a goal shared by many. Prevention strategies aim to both reduce specific problems resulting from substance abuse and promote healthy development. Past efforts at prevention have included a variety of approaches: (1) prohibition; (2) scare tactics; (3) presenting factual information; (4) affective education; (5) providing alternatives; (6) interdiction; (7) social influences curricula; and (8) environmental control. Independently, none of these strategies have been demonstrated as completely effective. Current prevention theory stresses community involvement, the use of multiple strategies and ongoing activities, and seeks to integrate prevention strategies into the community. Some promising prevention programs focus on strategies to reduce specific problems related to alcohol, tobacco, and other drug use and include such efforts as providing people with instruction in personal and social skills so as to resist pressures to use alcohol, tobacco, and other drugs. Other efforts encourage the healthy development of individuals and include broad health promotion strategies. Furthermore, community prevention project grants from the Office for Substance Abuse Prevention have provided many communities with an opportunity to encourage collaboration and coalition building so as to assess local needs through multiple and integrated strategies. (RJM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 372 330

PROMISING PREVENTION STRATEGIES FOR THE 90s

by Thomas Griffin and Roger Svendsen

CG025632

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
J. S. Battle

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

BEST COPY AVAILABLE

New Jersey Alcohol / Drug
RESOURCE CENTER AND CLEARINGHOUSE
Center of Alcohol Studies, Rutgers University

PROMISING PREVENTION STRATEGIES FOR THE 90s

Thomas Griffin, M.S.W. & Roger Svendsen, M.S.

The prevention of alcohol, tobacco, and other drug use problems is a goal shared by many. Most people have been affected by alcohol, tobacco, and other drug use problems in their families, schools, neighborhoods, or workplace. Some problems are quite visible, such as accidents caused by impaired or intoxicated drivers or violent crimes related to the distribution of illegal drugs. Other problems are less visible but, nevertheless, very serious. Stress in families or worksites triggered by inappropriate alcohol use, premature death from heart disease, lung problems caused by tobacco use, and academic or occupational performance problems caused by the use of alcohol or other drugs are significant concerns in most communities. In addition, schools and health care systems are becoming increasingly aware of the problems presented by children who have been adversely affected by parental alcohol, tobacco, or other drug use. Alcoholism and other chemical dependencies affect men and women from all socioeconomic, ethnic, and cultural groups and regions of the country.

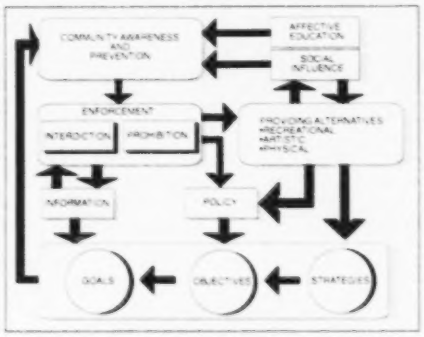
Prevention strategies are designed to reduce specific problems resulting from alcohol, tobacco, and other drug use as well as to promote the healthy development of individuals. These efforts are primarily directed toward individuals who do not have an identified alcohol, tobacco, or other drug use problem. Special goals of prevention include supporting abstinence as a healthy and positive decision, delaying the onset of first use by young people, preventing low-risk patterns of use from becoming high-risk, and reducing current high-risk patterns of use.

Past efforts at prevention have included a variety of approaches, each with its own assumptions about how people will respond. Some of those strategies used in the past include:

Prohibition: Assumes that restricting access to alcohol will reduce use.

Use of scare tactics: Assumes that fear of negative consequences will prevent use.

Presenting factual information: Assumes that accurate information will discourage use of alcohol, tobacco, or other drugs.



Affective education: Assumes that people with positive self-esteem, good interpersonal skills and decision-making abilities will be less likely to use or abuse alcohol, tobacco, or other drugs.

Providing alternatives: Assumes that recreation, physical activities, performing arts, and other activities will replace the need for alcohol, tobacco, or other drug use.

Interdiction at the border: Assumes that restricting supply will limit the demand.

Social influences curricula: Assumes that young people who can recognize and counter social influences to use chemicals will be less likely to use and will, therefore, experience fewer problems.

Environmental control: Assumes that the social environment influences individual choices, and that it can be structured to discourage use of alcohol, tobacco, and other drugs.

Independently, none of these strategies have been demonstrated to be completely effective in preventing problems. When selected strategies are implemented concurrently, as part of a planned comprehensive community effort, greater success can be expected.

Current prevention theory suggests that programs should involve the entire community, make use of multiple strategies, design ongoing activities that target audiences from the very young through older citizens, allow adequate time for prevention efforts, and seek to integrate prevention strategies into family, school, religious, and other community environments.

Some of the more promising prevention programs that focus on strategies to reduce specific problems related to alcohol, tobacco, and other drug use include efforts to:

- Provide important health information that people need to make decisions about use and non-use. Although information alone is not likely to prevent problems, it is an important part of a comprehensive prevention effort. People of all ages need accurate information about alcohol, tobacco, and other drugs and their effects. They also need to be exposed to individuals who model appropriate use and non-use.
- Teach people to identify and counteract social influences that encourage alcohol, tobacco, or other drug use. People need help in recognizing the power of advertising as well as the influence of friends or co-workers.
- Encourage and support alcohol, tobacco, and other drug-free activities and situations for young people. These activities go beyond the activity itself and the physical skills required for participation and emphasize personal, social, and spiritual dynamics.
- Provide people with instruction and practice in personal and social skills to resist pressures to use alcohol, tobacco, and other drugs.
- Establish guidelines for safe, healthy, and appropriate behavior for members of families, social institutions, and the community. A variety of organizations can provide opportunities for people of all ages to discuss and develop guidelines for the appropriate use and non-use of alcohol, tobacco, and other drugs.

CG0256632

Other efforts focus on the health development of individuals, rather than on specific problems, health issues, and concerns. Examples of broad health promotion strategies include efforts to:

- Acknowledge and nurture each person's self-worth.
- Develop life skills that will promote a positive, healthy life-style.
- Encourage development of personal, social, and spiritual support systems.
- Promote healthy life-styles that include good nutrition, stress management, and lifelong exercise and activity.

The Office for Substance Abuse Prevention's (OSAP) community prevention project grants have provided a number of communities with an opportunity to encourage collaboration and coalition building to assess local needs, plan local actions, and implement plans within a total community context. These efforts often include multiple and integrated strategies, for example:

- Workplace efforts that may include employee assistance programs; employee health promotion efforts; alcohol, tobacco, and other drug policies; and educational efforts to help employees establish personal and corporate guidelines about choices related to alcohol, tobacco, or other drug use.
- School-based efforts that include clear and equitably enforced policies, student assistance programs, parent involvement, age-appropriate curricula, and peer-led activities.
- Religious organization efforts that include strategies that are integrated into the teaching, preaching, and service functions of many congregations.
- Community task forces that are designed to ensure broad community involvement and ownership, coordination of efforts, and assurance that programs are meeting the needs of ethnic and cultural populations present in communities.
- Restricting availability of alcohol, tobacco, and other drugs by supporting consistent enforcement of existing laws that prohibit the sale of tobacco or alcohol to underage minors; encouraging cooperative efforts among the parents of adolescents to develop clear and consistent expectations of non-use and to chaperon adolescent activities; and placing limitations on sales of products, such as banning the vending machine sale of tobacco products.

As we look to the future for the most promising prevention strategies for the 1990s, each of us can play a role in creating an environment that supports healthy and positive behavior and discourages inappropriate, unhealthy, and high-risk choices about alcohol or other drugs. Whether through schools, religious organizations, the work site, community task forces, or our own families, each of us can take action:

- Concerned citizens can examine personal choices about alcohol, tobacco, and other drugs.
- Friends and relatives can tell people how they feel when others act inappropriately when drinking.
- Friends can encourage others to use any product carefully and responsibly.
- Friends can listen and support each other in times of stress.
- Family members can create a home environment that allows their family to communicate openly and honestly about alcohol, tobacco, and other drugs.
- Parents and teachers can exhibit behavior they want young people to follow.
- Parents, teachers and other adults can encourage and help children to develop skills to make safe and healthy choices.
- Citizens can support and encourage law makers to enact legislation that will reduce the likelihood of people developing or continuing alcohol, tobacco, and other drug-use problems.
- Citizens can work together, respecting each other's talents, cultural perspectives, and experiences toward the creation of safe and healthy communities that discourage unhealthy choices about alcohol, tobacco, and other drugs.

References

Amatetti, S. (1989). *Prevention plus II: Tools for creating and sustaining drug-free communities.* Rockville, MD: Office for Substance Abuse Prevention.

Svendsen, R., and Griffin, T. (1991). *Alcohol and other drugs: A planning guide for congregations.* St. Paul, MN: Health Promotion Resources.

Readings for Further Information

Griffin, T. (1991). *Prevention is everybody's business (rev.ed.).* Anoka, MN: Minnesota Institute of Public Health.

Jaker, G. (1988). *Lessons learned: An update on research in drug education (rev. ed.).* Anoka, MN: Minnesota Institute of Public Health.

Moskowitz, J. (1989). The primary prevention of alcohol problems: A critical review of the research literature. *Journal of Studies on Alcohol* 50, 54-88.

Resnick, H. (Ed.). (1990). *Youth and drugs: Society's mixed messages.* OSAP Prevention Monograph No. 6. Rockville, MD: Office for Substance Abuse Prevention.

Upcraft, M.L., & Weltz, J.D. (1990). *A guide for college presidents and governing boards: Strategies for eliminating alcohol and other drug abuse on campuses.* Washington, DC: Department of Education.

Cover Graphic adapted from: Mills, K., Neel, E., & Neal, J. (1983). *Handbook for Alcohol Education.* The Community Approach. Cambridge, MA: Ballinger.

Thomas Griffin, M.S.W.
Director of Health Promotion Resources, Minnesota Institute of Public Health

Roger Svendsen, M.S.
Training and Program Development Specialist, Health Promotion Resources, Minnesota Institute of Public Health

The New Jersey Alcohol/Drug Resource Center and Clearinghouse serves institutions of higher education, state agencies, communities, and school districts throughout the state of New Jersey by providing technical assistance, training, and resources in alcohol and other drug abuse education and prevention. For information on the Clearinghouse, call or write to:

New Jersey Alcohol/Drug Resource Center & Clearinghouse
Center of Alcohol Studies
Smithers Hall-Busch Campus
Rutgers University
Piscataway, NJ 08855-0969
(908) 981-0964 FAX (908) 981-0076

© 1992

THE STATE UNIVERSITY OF NEW JERSEY
RUTGERS

CLEARINGHOUSE FACT SHEETS MAY BE REPRODUCED IN ANY QUANTITY FOR EDUCATIONAL USE